PAMS Business Assessment Survey

Date: 02/18/05

Business Assessment Survey

The survey is divided into five sections that relate to the functional departments responsible for the decisions and processes within a "typical" IHS or Tribal clinic or hospital setting. You may select any individual(s) that are most knowledgeable about these operational issues at your site to complete the survey. ILC will follow up with those individuals, as well as others in the clinic, when we arrive for our pre-assessment site visit.

- Management
- Registration
- Check-in
- Coding/Data Entry
- Billing

The responses should reflect the current processes at your site unless other information is requested. You may respond to the questions with copies of existing documentation. Please indicate in your response that a document is attached to answer the question.

The responses on the survey will be discussed in detail with an ILC representative who will analyze processes and make suggestions based on the functionality of PAMS. You will be responsible to develop and implement new workflow procedures in accordance with the PAMS requirements prior to installation of the software. Your training will be tailored to your site based on your answers to the questions. Please be as detailed as possible and use as much space as you need.

Requirements prior to implementation:

Software and Processes:

1. POS *
2. PIMS*
3. REG 7.1.
4. EHR*
5. All current RPMS patches
6. **Process Changes for Business Office Operations Required Before PAMS Implementation**

*These modules are not required prior to PAMS implementation although ILC needs to know if they have been installed and are functioning properly.

Management Questions and Issues

Checklist prior to implementation:
Please indicate what has been completed to date or provide an explanation if an item has not been completed

- ☐ Obtain Administrative Support for implementing the steps within this document and obtain commitment for long-term success.
- ☐ Form a Multi-disciplinary Team composed of Administration, Providers, Ancillary staff, Health Information Management and Business Office.
- ☐ Define a timeline for Improving Business Processes as identified on this document.
- ☐ Identify standard Management reports and timelines for reporting to monitor billing and collection amounts.
- ☐ Implement Performance and Productivity Standards based on the different functions below.
- ☐ Decide and implement a plan to eliminate backlog in Coding, Billing and A/R Posting. See each Area for target goals.
- ☐ Decide on how the facility will keep current with Coding, Billing and A/R posting after the backlog is eliminated.
- ☐ Decide on an implementation date for PAMS.
- ☐ PAMS Data Conversion. Decide on a time frame of data that your site will want to bring over from the existing Accounts Receivable application to PAMS. Consider management reporting process and the backlog status of the AR accounts.
- ☐ Implement cross-training methods for end users and support the use of contract help as necessary
- ☐ Define a plan to educate providers on Charge Capture responsibilities.
- ☐ Implement the RPMS Laboratory and Radiology package, if applicable.
- ☐ Have a system to close your accounts at the end of the month by using the Period Summary Reports and Account Summary Management reports.
- ☐ Support the account posting function by ensuring enough staff are allocated based on the volume of clinical services that are billed on a weekly basis.
- ☐ Implement a policy and procedure on how the posting staff will post special types of denials based on the AR HIPAA compliant standard Adjustment and Reason Code tables.
- ☐ Establish acceptable standards for outstanding A/R and if your site is backlogged in posting, allocate resources to begin the clean-up process.
- ☐ Decide on an approach and a timeline for this clean up effort. One option may include doing a massive clean up effort by writing off all outstanding

accounts through a specified date range based on the Payers timely filing limit. (Site may consider outsourcing to meet this goal.)

- Establish a Collections Department with procedures on pursuing unpaid accounts by ensuring enough staff is allocated based on the volume of unpaid claims that need follow-up to the Payers.
- Implement a policy and procedure on the process of contacting Payers including documenting electronic notes in the Accounts Receivable or PAMS application.
- Consider implementing electronic posting defined on your Payers capabilities to provide the 835 HIPAA compliant formats for your top payers.

1. In PAMS, data is divided by financial class, IHS Clinic Type, and IHS Service Type. Do you anticipate this will cause any reporting problems at your site?

2. What date do you intend to switch over completely to PAMS for production?

3. What service date do you want the unbilled claims list to start with?

4. List your top ten insurers in addition to Medicare and Medicaid.

5. List flat rates contracted by your site including rate and clinic (Write all if there are no clinic exceptions).

6. Please list and describe any contracted or capitation arrangements for your site.

7. What forms would you like printed upon check-in?
   - Visit sheet
   - Patient statement
   - Out guide
   - Encounter Form
   - Other _

8. Do you send any notifications or email upon check-in? If so explain below._____

9. What kind of transmission schedule do you plan? (Circle your response)
    a. Daily
    b. Weekly
    c. Bi-weekly
    d. Monthly
    e. Irregular
    f. Other _____

10. What method will you be using to submit claims? (Circle your response.)
    a. Claims output to file on the main RPMS computer; communications software on RPMS computer transmits the claims.
    b. Connect to RPMS via a PC, claims output to PC screen (HOME device), use communications software to capture the claims to a file on the PC and then use communications software to transmit claims to the processor.
    c. Other_____

11. What communications software package are you utilizing? (examples: Procomm, Hyperterminal).

12. Who should be contacted regarding the communications software in case of malfunction?

13. Describe the back up procedures to bill in case of a modem or network connectivity outage? Can you revert to paper claims?

14. What is your current backlog?

15. What is your average turnaround time
    visit to coded?
    coded to billed?
    billed to payment/denial?

16. Security Levels. Please prepare a spread sheet (in excel) that will include the following fields: This information must be complete as ILC uses it to set all security codes at the time of implementation. One person on site has the security clearance to change the access and that person should be listed at the top of the spread sheet.

Employee Name	Check-in	Check-in	Billing	Billing	F/U	F/U	Reports	Reports	Payment posting	Payment posting
	View	Edit	View	Edit	View	Edit	Functional	Mgmt.	View	Edit

Reports

1. Please review the following list of reports that were listed in the original specifications. Rank each report in terms of its importance to your site management: (1) Must Have at Go-Live! (2) Will need eventually; (3) Don't use, don't care.

No.	Function of Report	Ranking (see above)	Notes
1.	Ability to run a productivity report on user's workload with detail to include totals, accounts worked, and standard disposition.		
2.	Ability to run report showing employee production by time and date		
3.	Ability to delete Flat Rate posting batch with security key.		
4.	Option for the manager to define and assign the user's workload. This is for all users workload (billers, follow-up, and coders)		
5.	Ability to view host file		
6.	Ability to print a productivity report by transaction/user		
7.	A listing of the top denials by payer		
8.	Ability to report payment, adjustment, denial pattern by varying parameters		
9.	Ability to run a report of days to pay		
10.	Ability to run a report of days to bill		
11.	Ability to run a collection ratio report		
12.	Ability to run a collection/billed report comparing/trending to prior periods		
13.	Ability to run an average billed/average paid report		
14.	Ability to run a random samples report		
15.	Ability to run an episode of care (area tracking tool used by Portland) report		
16.	Ability to run a percentage of billable visits report in order to come up with future projections.		
17.	Ability to print standard tables		
18.	Ability to run a canceled claim report by user and date.		
19.	Ability to run a Brief Claims lisiting by various date parameters (location, billing entity [payer, insurer type, allowance class, and financial class], date range. Claims status, provider, eligibility stauts, report type sorted by visit and clinic type).		
20.	Ability to run a detailed display of claim lisitings		
21.	Ability to run a employee productivity		

	report to include all claims, including EMC claims.		
22.	Ability to run a billing activity for a specific patient report.		
23.	Ability to run a listing of billed primary diagnosis/procedures report.		
24.	Abillity to run RVUs by provider and ability to store RVUs associated with procedures		
25.	Ability to run a ChargeMaster listing		
26.	Ability to run a PCC visit tracking/audit		
27.	Ability to view a historical PCC visit		
28.	Ability to run report on any financial class by date		
29.	Ability to run reports by all transactions at the reason code level.		
30.	Ability to inactivate adjustment reason codes by date and audit trail with security key.		
31.	Tools to assist in reconciliation A/R to finance, finance to bank, bank to US Treasury, and subsidiary ledger to general ledger.		
32.	Ability to provide revenue by revenue code/cost center to the financial system.		
33.	Ability to run report on billed and non-billed primary procedures		
34.	Ability to run report showing billed versus paid report		
35.	Ability to run report showing billing activity on specific patients		
36.	Ability to run report on billed and non-billed primary diagnoses		
37.	Ability to run month end reports by transaction date or date of service		
38.	Ability to quantify and report on unbilled revenue (look at who has checked in and has not been billed)		
39.	Ability for interface of revenue/ adjustments/ statistical data by cost center to general ledger system (CORE and UFMS).		
40.	Ability to queue month end process reports to be run together at a specified time.		
41.	Tool to synchronize and maintain A/R transactions and account balances with report.		
42.	Ability to upload a standard set of reports to Excel to facilitate national		

	and area reporting		
43.	Ability to save and archive month end reports.		
44.	Ability to run report of billed amounts, paid amounts and write-off amounts for certain time periods		
45.	Ability to run a Bills Listing Report with additional parameters to include unpaid, paid, all, and incomplete bills.		
46.	Ability to run a Negative Balance Account Listing by parameters (location, billing entity, date range, provider, report type and sort by visit type and clinic type.)		
47.	Ability to run a Batch Statistical report by date range and collection point/financial class.		
48.	Ability to run a small/large account balance list		
49.	Ability to run a Batch Posted payments report		
50.	Ability to run a Period Summary report summarizing transactions for a given amount of time with beginning and ending A/R balances.		
51.	Ability to run a A/R statistical report		
52.	Ability to run a Transaction report in date/time order (by transaction date).		
53.	Ability to modify/manage finalized collection batches with security keys and audit trail		

2. Were there any reports not listed in the table above that you feel are essential at the time of Go-Live? Please explain or attach a sample or mock up.

Check-in

Checklist prior to implementation:
Please indicate what has been completed to date or provide an explanation if an item has not been completed

- ☐ Implement the check-in function to ensure staff is allocated based on the volume of clinical services and the hours of operation.
- ☐ Decide if this function will be combined with Registration functions.
- ☐ Decide on centralizing or decentralizing the location of this staff based on volume of clinical services and hours of operation.
- ☐ Provide training on the Check-in RPMS module.
- ☐ Provide training on determining Order of Billing for the Reason for Visit on every encounter based on the "Group Coordination of Benefits Model Regulation" document.
- ☐ Decide if your site will be accepting co-pays, deductibles or cash payments from non-beneficiary patients in the front office. If so, define the process for accepting cash receipts.

1. What is the process for outpatient check-in?

2. What is the process for inpatient check-in?

3. What eligibility software and,processes are in place at your facility?

4. How do you determine patient eligibility at time of check-in?

5. If electronic, which program do you use and explain how this process works?

6. Will you be accepting patient payments during the check-in process? Please explain the current or proposed process for this.

7. Do you see after hours or emergency type patients? How is check-in handled in these cases?

8. Do you provide home health care and how is check-in accomplished for these types of visits?

9. Do you provide transportation or ambulance services? How are these types of services checked into the system?

10. Are health care services provided at remote locations where on-site check-in is not possible? Please list those sites and describe how check-in is handled for those sites.

Registration

Checklist prior to implementation:
Please indicate what has been completed to date or provide an explanation if an item has not been completed

- ☐ Review the patient flow of Registration and the clinical workload. Consider decentralizing registration to include both privacy and check-in.
- ☐ Decide if this function will be combined with the Check-in function
- ☐ Define the process for updating third party eligibility data for Medicare, Medicaid and the top Commercial Insurances. Review the potential of receiving On-Line third party eligibility information via the 270/271 HIPAA Compliant formats.
- ☐ Allocate resources to clean up third party related Patient Registration tables including Insurance and Employers
- ☐ Before installing Patient Registration 7.1, print the "Patients Errors/Warnings Audit Detailed Report" and allocate resources to clean up the missing errors on this report.
- ☐ Train the Registration, Billing and Accounts Receivable staff on the Patient Registration 7.1 software application.
- ☐ Install Patient Registration Version 7.1.
- ☐ Train staff to interview patients for demographic and third party eligibility information for each encounter.
- ☐ Train Registration Staff on Order of Billing based on "Group Coordination of Benefits Model Regulation" document including how to populate each field in Patient Registration Version 7.1.
- ☐ After Patient Registration 7.1 implementation, define a system of monitoring on a weekly basis registration errors identified on the "Patients Errors/Warnings Audit Detailed Report" and provide training and feedback to staff on corrective actions.
- ☐ Allocate resources to print and correct the Patient Registration error report on a weekly basis to support NPIRS export data.
- ☐ Add a Benefits Coordinator to work in collaboration with all Business Office staff.
- ☐ Position Descriptions: Review job descriptions and grades for appropriateness related to new processes defined for PAMs. Skill sets of registration include high typing test results, computer skills, interviewing skills, customer service, self-starter skills, verbal and written communication skills and ability to interview based on Insurer eligibility rules.

Coding/PCC Data Entry

Checklist prior to implementation:
Please indicate what has been completed to date or provide an explanation if an item has not been completed

- ☐ For outpatients, set a standard that coding and PCC data entry will be completed within 72 hours from date of service. (The Site may consider out-sourcing to get to this goal as an optimal performance and for maintaining this level.)
- ☐ For inpatients, set a standard that coding and PCC data entry will be completed within 72 hours from discharge date. (The Site may consider out-sourcing to get to this goal as optimal performance and for maintaining this level.)
- ☐ Implement the coding function by hiring Certified Coders. (Site may consider out-sourcing to get to this goal)
- ☐ If Certified Coders are on staff, implement a strategy to support the Certified Coders by sending them to yearly training to maintain their CEUs.
- ☐ Review and purchase updated coding books including ICD-9, CPT-4 and HCPCs books or provide these tools via an on-line software mechanism.
- ☐ Decide on centralizing or decentralizing the location of this staff based on volume of clinical services and hours of operation.
- ☐ Decide on dividing these functions from having Coders do coding and PCC Data Entry do data entry based on volume of clinical services and hours of operation.
- ☐ Allocate resources to correct the PCC Error report on a weekly basis and monitor compliance.

1. Do you have any Coding Compliance software in place at your site?

2. List all RPMS packages you currently use including lab, x-ray, pharmacy, etc.?

3. How do you know when a visit is ready to be billed?

4. Describe the process for data entry and coding.

5. How are inpatient services coded?

6. Do you use state supplied eligibility checkers for Medicaid/Medicare? If yes, please describe the situation in detail.

7. Do you use any billing codes that are not part of the national standard set of codes (such as state specific Medicaid codes or an insurer co pay code) ?

   a. If yes, list the code, rate, and description below or attach a list of codes with descriptions and rates.

8. Please list briefly the business needs that require the use of any non-standard codes.

Billing Office

Checklist prior to implementation:
Please indicate what has been completed to date or provide an explanation if an item has not been completed

- ☐ Print the facility Operations Summary Report for evaluation of your clinical services and based on this report, define billable services based on top Insurers.
- ☐ Print the facility third party billing report for a Fiscal Year to define your top Insurance payers.
- ☐ Print the Accounts Summary Management (ASM) report for the past fiscal year to determine a baseline on outstanding accounts.
- ☐ Support the billing function by ensuring enough staff is allocated based on the volume of clinical services and the hours of operation.
- ☐ Train the staff on billing rules for Medicare, Medicaid and the top commercial payers.
- ☐ Implement a plan to have billing functions up to date within five working days from the date of service or discharge date for inpatients, if appropriate. (Site may consider outsourcing to meet and maintain this standard.)
- ☐ Provide training to the billing staff on the Patient Account Management System (PAMS).
- ☐ Consider implementing electronic claims processing defined on your Payers capabilities to accept the 837 HIPAA compliant formats.
- ☐ Implement the procedure of exporting Medicare, Medicaid and commercial insurance claims on a weekly basis.
- ☐ If applicable, implement electronic Pharmacy billing.

1. List all sites for which you submit claims.

2. Are the servers at each site located separately or is one server used for data entry?

3. Is the data integrated or kept separate?

4. Will you be billing for non-beneficiaries and non-covered services received by beneficiaries?

5. Do you intend to apply a sliding fee scale (e.g. HRSA Grant requirement) to self-pay patients?

6. What fee schedule(s) or charge master do you intend to bill with?
_____Medlearn _____MDR _____Other_____

7. For Medicare/Medicaid rates, what percentage of RVU do you wish to bill with? Review the table below for an example of how the rate would be adjusted for 75%, 90%, 100%, 125%, and 150% of Medicare rate if CPT code 99213 were $50.00 in your geographic area.

CPT Code	Medicare Rate	Multiplier .75	Multiplier .9	Multiplier 1	Multiplier 1.25	Multiplier 1.5
99213	$50.00	$37.50	$45.00	$50.00	$62.50	$75.00

8. How does the pharmacy price drugs using the charge file or a drug file?

9. What Pharmacy software does your site use?

10._____IHS POS _ ____Viking _____Other_____

11. What is your process for billing pharmacy claims?

Billing Forms

1. What national billing forms do you use. (circle all that apply)
HCFA 1500
UB92
ADA
Universal Pharmacy
Other _____

2. If you circled HCFA 1500, list insurers (including Medicare and Medicaid) with special printing requirements that you currently accommodate. (fax or attach sample of a populated form for each format you send and write on form any special requirements.)

3. If you circled UB92, list insurers with special requirements that you currently accommodate. (fax or attach sample of a populated form for each format you send and write on form any special requirements.)
4. If you circled ADA, list insurers with special requirements that you currently accommodate. (fax or attach sample of populated form for each format you send and write on form any special requirements.)

5. If you circled Universal Pharmacy, list insurers with special requirements that you currently accommodate. (fax or attach sample of a populated form for each format that you send and write on form any special requirements)

6. If you circled "Other," please explain. (fax or attach sample of a populated form and write on the form any special requirements.)

7. Please list all **site specific** billing or statement forms you use. (fax or attach sample of populated form and write on form any special requirements)

Electronic Claims Transactions

1. Who will be processing the electronic claims?

2. Who is your business contact handling your registration and application fees with the clearinghouse(s)?

3. Who is your technical contact that provides ILC with system specifications and is available to answer questions about the claim format?

4. Who is your claims submission contact that you call to get more information about rejected claims or an entire rejected transmission?

5. What are the clearinghouse(s)'s testing and certification requirements for getting the software approved to send production claims?
6. Who will be the onsite person responsible for the testing process?

7. How are test claims submitted(Dial-up, e-mail attachment, other)?

8. What claims may be submitted to this each clearinghouse?
    a. List Insurers by clearinghouse

    b. List clinics/service types by clearinghouse

    c. List billing sites by clearinghouse

    d. List provider classes by clearinghouse

9. List insurer flat rates (include rate and code used for billing).

Insurer	Rate	Code

10. What ID numbers does the processor require?
    a) List submitter identification numbers and indicate when they are to be used.

    b) Attach a current list of your Providers and include all the Identification numbers needed for billing. (UPIN number, Medicaid number license number, UPI number, etc.)

    c) List any default provider identification numbers that may be used.

    d) Who is responsible for maintaining provider ID numbers in your database?

11. Are there any exceptions or special billing provisions other than what is indicated above?